

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/936335

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
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48							98							
49							99							
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TOTAL							TOTAL							
IND.							IND.							
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TOTAL							CLAIMS							

BEST AVAILABLE COPY